

MISSOURI DEPARTMENT OF HEALTH

RECEIVED DHSS Breath Alcohol Pr

By Carol Day at 8:14 am, Mar 12, 2010 STATE PUBLIC HEALTH LABORATORY DATAMASTER MAINTENANCE REPORT Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file, DATAMASTER SN DATE OF INSPECTION 204153 F#127281 3-1-2010 LOCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION 6 W. FORT SCOTT, BUTLER 1842 CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DETECTOR OMPUTER : FILTERS PROGRAM HEATERS SAMPLE CHAMBER 50 QUARTZ STANDARD °C ☑ CALIBRATION FLOW DETECTOR PUMP HIGH SPEED PRINTER (I) INDICATOR LIGHTS TIME AND DATE SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 33.9° CALIBRATION CHECK - WITHIN SPECIFIC ATIONS Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) ☑ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE O.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) TEST 1 F TEST 2 TEST 3 📂 .098 .095 .098 PERFORM R.F.I. TEST (PRINTOUT ATTACHED) NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS) REFUSALS O (.10-.14) 2 (0-.04)(.05-.09)(.15-.19) (Over .19) List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary) INSTRUMENT IS WORKING PROPERLY AND MEETS SPECIFICATIONS REPCO MARKETING INC. 100% LOT # 09001 EXPIRATION APRIL 22, 2011

INSPECTING OFFICER	
SIGNATURE	PRINT NAME
Tor. K.A. Schmitter	KURT A. SCHMUTZLER
TYPE I PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
820265 9-10-2010	(816) 622-0800